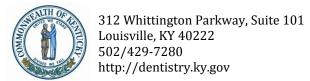
Approved

Rev. Sept 2010

Kentucky Board of Dentistry



FOR KBD USE ONLY

AFFIDAVIT OF THE ACTIVE PRACTICE OF DENTISTRY

Affidavit to be Completed Before a Notary

| l, | - | , being duly sworn state that for five (5) of the six |
|-------------------------------|--------------------------|---|
| (6) years immediate | ely preceding the filing | g of this application, I have been engaged in the active practice |
| of dentistry while I | was legally authorized | d to practice dentistry in a state or territory of the United |
| States or the Distric | t of Columbia where t | the qualifications for the authorization were equal to or higher |
| than those of the Co | ommonwealth of Kent | tucky. |
| | | |
| Signature of Applicant | | <u> </u> |
| State of | | ss |
| County of | j | |
| Signed and sworn to before me | | |
| day of | , 20 | · |
| SignatureNotary Public | | |
| My commission expires | | |

Return along with your application to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222